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TYPE \$300 10/25/2004 YES \$665 \$965 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT SIMONE, TIMOTHY F 1761 099-286000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Alan D. Kamrath (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence. Address form PTO/SB/122) attached. or agents OR, alternatively, NIKOLAI & (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is MERSEREAU, P.A. listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 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